THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-2475.M5

MDR Tracking Number: M5-04-0399-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-08-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, office visits with manipulation, paraffin bath, myofascial release, physical medicine treatment, ultrasound, range of motion studies, supplies, special reports, medical procedure, therapeutic procedure, neuromuscular re-education were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 11-04-02 to 06-30-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 16th day of December 2003.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

NOTICE OF INDEPENDENT REVIEW DECISION - AMENDED

Date: December 15, 2003

RE: MDR Tracking #: M5-04-0399-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any

documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractor who has a temporary ADL exemption. The Chiropractor has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

It appears the claimant suffered an alleged ganglion cyst or aggravation of a ganglion cyst during the normal course and scope of her employment with a local book publisher on ___. The claimant saw ___ hand specialist, for treatment of this injury. It was documented the claimant did have a prior history of a trigger thumb release in 2001; however, it was not known in which thumb this occurred. The claimant also reportedly had a prior left carpal tunnel release as well as various other nodules removed from her hands back in the 1980's. It could not be determined by ___ if the ganglion cyst problem was work related or not. At any rate, the claimant underwent excision of the ganglion cyst on 6/14/02 and the operative notes were reviewed. It was felt the claimant could return to work as of 7/8/03; however, the claimant was urged to pursue a home based exercise program. Several physical therapy notes beginning in July 2002 were reviewed. A physical therapy note of 7/29/02 revealed that there was crepitation and locking of the long finger of the right hand. An 8/6/02 follow up with ___ revealed the claimant was having a hard time at work and was having a lot of swelling around the right wrist. It was recommended the claimant be off work because light duty was reportedly not available. The amount of physical therapy was recommended to be increased. The claimant continued to have triggering and locking of the finger with a weakened right grip strength. A physical therapy note of 8/29/02 revealed there to be no improvement. ___ really seemed not to be too impressed with the amount of pathology the claimant was having. In fact, it was felt by him that the claimant was doing fine when the physical therapy notes at this time seemed to indicate that she was not doing all that well. The claimant initiated chiropractic care on or about 9/23/02 because she was continuing to have problems and was frustrated with ___. The initial chiropractic exam revealed there to be no evidence of peripheral nerve lesions. The claimant reportedly had hyperalgesia of the right wrist. I did not see evidence that grip strength testing was performed. The claimant's wrist range of motion was about half of normal. There was no evidence of carpal tunnel syndrome. Current perception threshold testing was done on 11/25/02 and this revealed bilateral evidence of a "severe hypoesthetic condition" at the C6 through C8 levels. This test would essentially mean nothing since the claimant had bilateral evidence of the same problem and current perception thresholds really have no diagnostic value whatsoever. Multiple daily chiropractic notes were reviewed. The claimant's pain levels appeared to go up and down; however, ranged anywhere from a 6-8/10. The claimant appeared to be undergoing various chiropractic treatments in the form of myofascial release, physical medicine treatments, ultrasound, range of motion studies, therapeutic procedures, neuromuscular re-education and paraffin baths. From about 3/24/03 onward, the claimant mainly received wrist manipulations and cold laser therapy. The claimant saw ___ for designated doctor exam on 9/9/02 and the claimant was felt to be at maximum medical improvement on that date with 13% whole body impairment rating. The diagnosis was listed as "pain in the limb". The designated doctor report was reviewed and it was felt by ___the

treating chiropractor at that time, the designated doctor report left open the possibility of future treatment. There continued to be no evidence of peripheral nerve lesions or significant pathology other than subjective reports of pain and decreased range of motion.

The designated doctor exam report was reviewed and it was revealed that there was really no evidence of a clinical exam that was done. It appears the claimant presented for range of motion studies only and I do not understand why a physical exam was not performed. The treating chiropractor appeared to not make any referrals to a specialist during the entirety of the chiropractic treatment which seemed to run through at least August 2003. The claimant saw ___ on 8/8/03 for an independent medical exam and at that time it was documented that the claimant was working as a maintenance person with an apartment complex. She reported that her finger was still locking; however, ___ stated that the locking could not be demonstrated at that time. The claimant stated the chiropractic treatment was helping; however, now that she was receiving less treatment she was having a lot of pain. Again this would be contradictory to what the pain levels were indicating through the chiropractic treatment. The claimant was noted to weigh about 180 pounds. ___ recommended a cessation of the chiropractic care until a diagnosis could be established that would explain the continuing problems. He also recommended a repeat MRI be done; however, it appears this has not been done to date. The claimant did undergo a hand and wrist MRI evaluation on 12/3/02. The hand MRI was reported as normal and the wrist MRI demonstrated some tenosynovitis of the various extensor tendons of the wrist and there appeared to be a small ganglion cyst; however, there was no evidence of peripheral nerve lesion and the Guyon canal and carpal tunnel were noted to be fine. There was no other evidence of wrist internal derangement.

Requested Service(s)

The medical necessity of the outpatient services including established outpatient level 2 office visits, office visits with manipulation, paraffin bath, myofascial release, physical medicine treatment, ultrasound, range of motion studies, supplies, special reports, medical procedure, therapeutic procedure, neuromuscular re-education that were rendered from 11/4/02 through 6/30/03.

Decision

I agree with the insurance carrier that the services in dispute were not medically necessary.

Rationale/Basis for Decision

The claimant already underwent a trial of chiropractic care prior to 11/4/02 which seemed to begin on 9/23/02. It has been continuously documented that the claimant's pain levels were in an up and down fashion and the claimant's condition was documented to fluctuate despite the chiropractic therapy. The claimant was also documented to have never been referred to a hand specialist in order to ascertain why she continued to have problems. There was no evidence or documentation of range of motion, grip strength testing, or functional capacity exams beyond the initial exam of 9/23/02. It was documented on 11/6/02 that range of motion studies were obtained; however, there were no numbers associated with this alleged range of motion study provided for review. There were never any grip strength recordings in the chiropractic documentation. There was no objective evidence of improvement whatsoever reported in the chiropractic documentation to support the treatment rendered and the need for treatment. The

claimant underwent a routine ganglion cyst removal and there was no evidence of a peripheral nerve lesion. I find it rather unusual that there was no referral to a medical specialist to ascertain why the claimant was still having significant subjective complaints following a very routine ganglion cyst excision. Treatment of a work related injury must be cost effective and show documented objective evidence of improvement.

There was absolutely no documented evidence of objective improvement or even sustained subjective improvement throughout the documentation. The claimant also had a significant past medical history of a prior carpal tunnel release on the left side as well as the fact that she underwent some nodule removal back in the 1980's involving her hands. The claimant also reportedly underwent a trigger thumb release some time in 2001; however, the side of this release was not documented or reported. In fact, ___ documented that the claimant's trigger finger problem at the interphalangeal joint was documented to be osteoarthritis. The claimant appeared to have numerous non-work related problems with her hands and this was made fairly evident by the past medical history of hand and wrist problems. I would also think that this would make the claimant rather overprotective and prone to think that something was horribly wrong with her hands when in reality there was no significant objective evidence of injury related pathology. I am sure that the chiropractic management to include paraffin baths, ultrasound, electric stimulation and myofascial release helped the claimant's hands immediately while she was receiving the therapy; however, this temporary palliative benefit does not justify the treatment. Treatment must have a sustained effect to be appropriate and cost-effective. The relatedness, cost effectiveness and efficacy of the chiropractic care should be highly questioned in the absence of objective documentation of pathology and progress as well as the rather routine nature of the ganglion cyst removal. Again, the MRI of the hand was reported as normal and the MRI of the wrist revealed no evidence of treatable pathology that could likely be addressed chiropractically. The MRIs were also performed on 12/3/02 after over 2 months of chiropractic care had been administered. Temporary palliative relief of symptoms that really have no organic basis is an insufficient reason for ongoing treatment. It should also be noted that the highly evidence based Official Disability Guidelines show that the average return to work at the clerical/modified work level is 7 days following excision of a ganglion cyst at the wrist. If the claimant is involved in manual work with the dominant arm, then an average return to work following excision of a ganglion cyst is anywhere from 14-21 days. As far as physical therapy is concerned, the physical therapy guidelines recommend 18 visits over a 6 week period following excision of a ganglion cyst. It is obvious that this amount of visits occurred prior to 11/4/02 and there was never any objective evidence of ongoing pathology as it related to the ganglion cyst problem to warrant the amount and type of care that was rendered.